

Participation Agreement

REGISTRATION INFORMATION

This form must be completed by a parent or legal guardian of the child being enrolled in a Member Activities program and/or Extended Care program (individually and collectively, "Program"). Up to two participating children may be included on this form (individually and collectively, "Participant").

Cristina PAZ 10.02.00 2 F
 Name of Participant No. 1 (First, Middle Initial, Last) Date of Birth Grade Gender
Ruth PAZ 832.640.2518 713.425.3741
 Name of Participant No. 2 (First, Middle Initial, Last) Date of Birth Grade Gender
16815 Cobbler Crossing
 Address, City, State, Zip Code
PABLO PAZ 713.354.2813 ()
 Name of Parent or Legal Guardian No. 1 Daytime Telephone Number Evening Telephone Number
Samuel
 Name of Parent or Legal Guardian No. 2 Daytime Telephone Number Evening Telephone Number
Samuel
 Address, City, State, Zip Code (if different from Participant's Address)

Membership No. of a Parent or Legal Guardian listed above (if applicable)

Club Location

ADMISSION OF PARTICIPANT

Life Time Fitness, Inc., its affiliates, subsidiaries, successors or assigns (collectively, "Life Time Fitness") will allow only a parent, legal guardian or authorized adult to admit Participant to the care of Life Time Fitness by signing Participant into the care of Life Time Fitness. Life Time Fitness will not at any time accept a sick child for care. I understand that I am not to leave the Participant at the Program unless a Life Time Fitness staff member is there to receive and supervise Participant.

EMERGENCY CONTACTS AND WITHDRAWAL OF PARTICIPANT

I understand that Participant may only be signed out of the care of Life Time Fitness to Participant's parent or legal guardian or to a person who has been identified as an emergency contact or other authorized pickup below or previously authorized to do so in writing by Participant's parent or legal guardian. *Please identification will be required every time Participant is to be released from Life Time Fitness.* Any person authorized to pick up Participant must be listed below or have obtained prior written permission from the undersigned.

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified.

Ruth PAZ 713.425.3741 832.640.2518
 Name of Emergency Contact No. 1 Daytime Telephone Number Evening Telephone Number
Samuel
 Address, City, State, Zip Code
PABLO PAZ 713.354.2813 832.440.2517
 Name of Emergency Contact No. 2 Daytime Telephone Number Evening Telephone Number
Samuel
 Address, City, State, Zip Code
NATALIE RODRIGUEZ 713.584.9335
 Name of Other Authorized Pickup Address Telephone
 Name of Other Authorized Pickup Address Telephone
 Name of Other Authorized Pickup Address Telephone
 Name of Other Authorized Pickup Address Telephone
 Name of Other Authorized Pickup Address Telephone

Only Life Time Fitness's Member Activities Manager may withdraw Participant from participating in the Program as a final disciplinary option, or because of a Participant's illness or injury. Life Time Fitness's Member Activities Manager, after removing Participant for such a reason, shall personally supervise Participant until an authorized adult is able to sign such child out of the care of Life Time Fitness.

EXHIBIT

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Participation Agreement

POLICIES, RULES AND REGULATIONS

The undersigned acknowledges the existence and the need for rules and regulations in the Program. The undersigned hereby agrees that he or she as well as Participant will comply with all policies, rules and regulations established for the Program. Life Time Fitness reserves the right to cancel programs with low enrollment. Make-up lessons are not given for any missed classes or sessions. Life Time Fitness reserves the right to remove Participant from the Program and not allow Participant to register for any additional Programs. Life Time Fitness may remove any child for conduct that is deemed detrimental to the Program or Life Time Fitness, including, but not limited to showing disrespect for others, mistreating equipment and disobeying Life Time Fitness staff members.

MEDICAL ATTENTION

I agree that in the event Participant is involved in an incident that requires medical attention, the undersigned will be responsible for making all decisions related to all medical and survival procedures for Participant while Participant is participating in the Program, including but not limited to the decisions about medical care, the administration of drugs and the performance of any and all life sustaining procedures. The undersigned further agrees to make any and all arrangements for Participant's transportation and admittance to any hospital, health center or medical clinic in the event of any emergency situation involving Participant. In the event that the parent(s) or emergency contacts cannot be reached during a medical emergency, the undersigned gives Life Time Fitness permission to make decisions regarding any and all medical and survival procedures for Participant. The undersigned agrees that Life Time Fitness, its staff members, volunteers and chaperones will not be held liable for any accident or losses, however caused.

TRANSPORTATION OF PARTICIPANT

If the undersigned has enrolled Participant in a Member Activities program that involves field trips and transportation, the undersigned authorizes Participant to participate in the Member Activities program's field trips and authorizes Life Time Fitness and its contractors to transport Participant in a vehicle.

ASSUMPTION OF RISK

The undersigned understands that there is an inherent risk of injury, whether caused by Participant or someone else, in the use of or presence at a Life Time Fitness center, the use of equipment and services at a Life Time Fitness center, and participation in Life Time Fitness' programs. This includes, but is not limited to, indoor and outdoor pool areas with waterslides, a climbing wall area, ball and racquet courts, cardiovascular and resistance training equipment, personal training and nutrition classes and services, member programs, a child center, and spa and cafe products and services. This risk includes, but is not limited to:

- 1) Injuries arising from the use of any of Life Time Fitness' centers or equipment, including any accidental or "slip and fall" injuries;
- 2) Injuries arising from participation in supervised or unsupervised activities and programs within a Life Time Fitness center or outside a Life Time Fitness center, in the extent sponsored or endorsed by Life Time Fitness;
- 3) Injuries or medical disorders, including, but not limited to, heart attacks, strokes, heart stress, sprains, broken bones and torn muscles or ligaments, resulting from my use of or presence at a Life Time Fitness center, Participant's use of equipment or services at a Life Time Fitness center, or my participation in Life Time Fitness' programs; and
- 4) Injuries resulting from the actions taken or decisions made regarding medical or survival procedures.

The undersigned understands and voluntarily accepts this risk on behalf of Participant. The undersigned agrees to specifically assume all risk of injury, whether physical or mental, as well as all risk of loss, theft or damage of personal property for Participant while he or she is using or present at any Life Time Fitness center, using any lockers, equipment or services at any Life Time Fitness center or participating in Life Time Fitness' programs, whether such programs take place inside or outside of a Life Time Fitness center.

RELEASE OF LIABILITY

The undersigned waives any and all claims or actions that may arise against Life Time Fitness as well as its owners, directors, employees or volunteers as a result of any such injury, loss, theft or damage to any such person, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant including, but not limited to, the injuries described above, resulting from the negligence of Life Time Fitness or anyone else using a Life Time Fitness center. The undersigned agrees to defend, indemnify and hold Life Time Fitness harmless against any claims arising out of the negligent or willful acts or omissions of me or Participant.

MISCELLANEOUS

The undersigned gives permission for Participant to participate in a Member Activities program that involves swimming. I understand that Participant will be swimming with a certified lifeguard in attendance at all times. In addition, the undersigned gives Life Time Fitness irrevocable consent to release photographs, slides, moving pictures and audio/visual tapes of Participant for the purpose of Life Time Fitness' records, public relations and/or advertising, videos or text material, either with or without Participant's name or photo accompanying such quotation.

I hereby certify that I have read and understand this entire Agreement and agree to and accept the terms and conditions of this entire application. Participant will receive the privilege of participating in the Programs and I agree that he or she will abide by all rules and policies of Life Time Fitness, which are subject to change and which, in the opinion of Life Time Fitness management, are deemed necessary and reasonable for the best interests of members, participants in its Programs and Life Time Fitness.

Signature of Parent or Legal Guardian of Participant

Date

6-16-08